

DEPARTMENT OF SOCIAL AND HEALTH SERVICES CHILDREN'S ADMINISTRATION

RELATIVE CAREGIVER PLACEMENT CHECKLIST

(RCW 74.15.020(2)(i-iv)

NAME OF FAMILY			DATE OF PLACEMENT:
NAME OF CHILD:			
The placing wo	rker is responsible for completion of all the following requirements wit	hin 72 ho	ours of OPD.
The starred (* occurs after h) items must be completed prior to any placements or by the next lours.	busines	ss day if placement
DATE COMPLETE	ED CO		
	*CAMIS history review & clearance.		
	*Criminal history checks (WSP, local LE and/or Tribal law enforcen	nent)	
	*Home visit and check for obvious safety hazards.		
	*Review of the reason for placement and known information about needs of the child.	the med	ical status and special
	_ *Review of protection issues with the relative caregiver including w birth family.	hether c	ontact is allowed with the
	*Provide a copy of "Relative Guide to CPS" (DSHS 22-492).		
	Advise relative of the availability of financial support and services:		
	 Foster care licensing Medical coverage TANF Benefits Training opportunities 		
	Review of the Relative Placement Agreement with the family and s 15-281)	igning of	the agreement. (DSHS
	Complete the Relative Intake (DSHS 10-392)		
	Two verbal reference checks.		
	If applicant has not resided in the state for the past three years, the	en initiate	e FBI check.
Comments:			
NAME OF PLACIN	G WORKER:		DATE COMPLETED: